

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 94

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Eugene Dignan (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth May 19, 1929
Month Day Year

8. FATHER
Full name Wade James Dignan

9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.

10. Color or race White 11. Age at last birthday 40 (Years)

Birthplace (city or place) Shady Gap
State or country Pa.

Occupation Pump man at
Nature of industry mine

Number of children of this mother 4
Born as of time of birth of child herein (including this child.)

(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

14. MOTHER
Full maiden name Nellie L. King

15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.

16. Color or race White 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Lexington
State or country Kan.

19. Occupation Housewife
Nature of industry

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:50 H. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year

Registrar

Filed 6/7 1929 G. E. W. Lightner
Registrar

545-519-527